

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

**SERIAL NO.**

10/ 584 504

**FILING DATE**

06.22.06

**APPLICANT(S)**

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	3	←		←
TOTAL CLAIMS			4			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						